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**Date:** 29/10/2024 08:28 AM  
**Subject:** Invitation for CGR

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From: "RRC Rishikesh (rrcrishikesh@aiimsrishikesh.edu.in)" <rrcrishikesh@aiimsrishikesh.edu.in>  
To:  
Cc: Meenu Singh <meenusingh4@gmail.com>  
Date: Mon, 28 Oct 2024 18:39:19 +0530  
Subject: [EXTERNAL MAIL] Invitation for CGR

**Greetings from AIIMS, Rishikesh !!**

The CGR will be held on the **Oct 29, 2024** in **CPD Hall**, AIIMS Rishikesh from **8:00 AM to 9:00 AM**.  
You can join online through the following link:

Meeting link:

<https://aiimsrishikesh.webex.com/aiimsrishikesh/j.php?MTID=mf36025531a9a4f47647789a2f1ebb9f7>

Tuesday, Oct 29, 2024, 8:00 AM | (UTC+05:30) Chennai, Kolkata, Mumbai, New Delhi

Meeting number: 2516 762 4898

Meeting password: 291024

Thanks & Regards  
Regional Resource Centre  
Dept of Telemedicine  
AIIMS Rishikesh



**All India Institute of Medical Sciences Rishikesh**

**अखिल भारतीय आयुर्विज्ञान संस्थान ऋषिकेश**

**CLINICAL GRAND ROUNDS**

**Department of NEUROSURGERY - 29<sup>th</sup> October 2024**

<b>Name: NB</b>	<b>Age/Sex: 9 /M</b>	<b>Residence: Saharanpur, Uttar Pradesh, India</b>
• <b>UHID: 20210002431</b>		
<b>Case Presenter:</b>  <b>Dr Sreekanth (Academic SR)</b> <b>Dr Anju (Academic SR)</b>		<b>Consultant in charge:</b>  <b>Dr. NISHANT GOYAL</b> <b>(Additional Professor)</b>

**Chief complaints:**

- **Fall:** recurrent falls for 2yrs
- **Restriction of neck movement:** for 1.5 years, not associated with click sound/pain.
- **Weakness of limbs:** insidious onset, gradually progressive, left upper limb x 1 year followed by left lower limb for 10 months, then right lower limb and right upper limb x 8 months, associated with stiffness of all 4 limbs

## **Brief History:**

Patient was apparently well 2 years back, when he started having recurrent falls along with restriction of neck movements for 1.5 years, not associated with click sound/pain.

Then he noticed weakness of limbs - insidious onset, gradually progressive, left upper limb x 1 year followed by left lower limb after 2 months, then right lower limb and right upper limb x 8 months, associated with stiffness of all 4 limbs.

No history of any cranial nerve involvement

No significant past or family history

## **Examination**

### **General Examination**

- . Conscious and oriented to time, place, and person; thin built, BMI = 13.4 kg/m<sup>2</sup>
- . No pallor, Icterus, clubbing, cyanosis, pedal edema, generalized lymphadenopathy.

### **Vitals**

- . HR - 74 bpm
- . BP - 112/70 mm of Hg
- . RR - 18/min
- . SpO<sub>2</sub> - 98% on RA
- . Temp- 98.4 F

### **Systemic examination**

- . Respiratory System – B/L normal vesicular breath sounds, no added sounds
- . Per abdomen - Soft, non-tender, no organomegaly, bowel sounds+
- . Cardiovascular System - S1 S2 heard
- . Central Nervous System -

### **Motor examination**

Tone- spasticity - Modified Ashworth scale: 1 in all 4 limbs

Bulk- atrophy in all 4 limbs

Power

		<b>Right</b>	<b>Left</b>
<b>Shoulder</b>	Flexion	4/5	4/5
	Extension	4/5	4/5

	Abduction	4/5	4/5
	Adduction	4/5	4/5
<b>Elbow</b>	Flexion	3/5	3/5
	Extension	2/5	2/5
<b>Wrist</b>	Flexion	2/5	2/5
	Extension	1/5	2/5
<b>Handgrip</b>		50%	60 %
<b>Hip</b>	Flexion	4/5	4/5
	Extension	4/5	4/5
	Abduction	4/5	4/5
	Adduction	4/5	4/5
<b>Knee</b>	Flexion	3/5	3/5
	Extension	3/5	3/5
<b>Ankle</b>	Flexion	2/5	2/5
	Extension	2/5	2/5
<b>EHL</b>		1/5	1/5

DTR

	<b>Right</b>	<b>Left</b>
<b>Biceps</b>	3+	3+
<b>Triceps</b>	3+	3+

<b>Supinator</b>	3+	3+
<b>Knee</b>	3+	3+
<b>Ankle</b>	4+	4+

STR

	<b>Right</b>	<b>Left</b>
<b>Hoffman</b>	Present	Present
<b>Abdominal cutaneous reflex</b>	Absent	Absent
<b>Cremastic</b>	Absent	Absent
<b>Plantar</b>	extensor	extensor

**Sensory-** decreased in C2 and below (~40-50%, all modalities –touch, pain & temp, joint position and vibration)

**Differential Diagnosis:**

CVJ Anomaly

Potts spine

Neoplastic lesion

**Diagnostic Investigations:**

**MRI – BASILAR INVAGINATION WITH CERVICOMEDULLARY COMPRESSION AND SYRINX**

**DYNAMIC CT – BASILAR INVAGINATION WITH IRREDUCIBLE ATLANTO-AXIAL DISLOCATION**

<b>Date</b>	<b><u>29/01/21</u></b>	<b><u>27.2.21</u></b>
<b>Hematology</b>		

<b>Hemoglobin (mg/dL)</b>	11.46	10.37
<b>TLC (cells per cumm)</b>	6.56	11.34
<b>Platelets (lakhs/cumm)</b>	260.2	305.9
<b>PT INR</b>	15/0.97	
<b>Biochemistry</b>		
<b>Blood Urea (mg/dL)</b>	17.2	38.1
<b>S. Creatinine (mg/dL)</b>	0.72	0.78
<b>S. Sodium (mmol/L)</b>	137.8	136.1
<b>S. Potassium (mmol/L)</b>	4.34	4.34
<b>Total Bilirubin</b>	0.96	
<b>Direct Bilirubin</b>	0.85	
<b>S.G.P.T. (U/L)</b>	15.5	
<b>S.G.O.T. (U/L)</b>	28.6	
<b>ALP (U/L)</b>	92.2	
<b>S. Total Protein (g/dL)</b>	6.38	
<b>S. Albumin (g/dL)</b>	4.35	

### **Management**

DCER- Distraction, compression, extension, reduction surgery was done

### **Summary:**

A 9-year-old male presented with recurrent falls for 2yrs Restriction of neck movement for 1.5 years, not associated with click sound/pain. Weakness of limbs left upper limb x 1 year followed by left lower limb after 2 months, then right lower limb and right upper limb x 8 months, associated with stiffness of all 4 limbs, he was admitted to our Centre for management. After evaluation AAD with BI was detected, and managed with DCER post op he showed significant improvement and is currently in regular follow-up.